

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10599989

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3				1		
4				1		
5		4		1		
6	1		1			
7		1		1		
8				1		
9		6		1		
10	1		1			
11		1		1		
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TOTAL IND.	3		3		3	
TOTAL DEP.		11		11		11
TOTAL CLAIMS	3	11	3	11	3	11

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						